



Neurology Consultants
of Dallas, P.A.

Neurology Consultants of Dallas

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Neurology Consultants of Dallas
Patient Satisfaction Survey

At Neurology Consultants of Dallas our goal is to provide courteous, caring service for all of our patients. Please let us know how we're doing.

Please respond to each of the following statements on a scale from 1 (not satisfied) to 5 (completely satisfied).

Please circle the answer that best describes your experience with our office).

Date of Office Visit: _____

Physician Who Treated You: _____

Office Environment

1) I find your telephone system easy-to-use

1 2 3 4 5

2) It is easy for me to get to the person I need to speak to using the phone system

1 2 3 4 5

3) Hold time on the phone (circle one)

1 minute or less 1 to 2 minutes More than 2 minutes

4) My questions are answered by the first person who picks up the phone (circle one)

Always Generally Occasionally Never

5) I am frequently transferred to several people in the office before getting to the person who can answer my question (circle one)

Always Generally Occasionally Never

6) Wait time in the waiting room (circle one)

Less than 5 minutes 5 to 10 minutes More than 10 minutes

7) Wait time in the exam room (circle one)

Less than 5 minutes 5 to 10 minutes More than 10 minutes

8) Cleanliness of Neurology Consultants of Dallas office

1 2 3 4 5

9) Office environment made me feel comfortable

1 2 3 4 5

10) Friendliness/Personal Manner of Staff of staff

1 2 3 4 5

Front Office Staff

11) Front desk staff greeted me promptly with a smile

1 2 3 4 5

12) Capability of staff to resolve problems on the telephone without multiple call transfers

1 2 3 4 5

Nursing Staff

13) Phone messages are returned the same day and/or urgent messages are returned promptly

1 2 3 4 5

14) Capable of giving instructions for follow ups and testing procedures

1 2 3 4 5

Billing Department

15) Billing Department is able to answer questions regarding my statement

1 2 3 4 5

16) Calls regarding collection of outstanding account balances are handled with courtesy and professionalism

1 2 3 4 5

MRI Department

17) My appointment was on time

1 2 3 4 5

18) MRI Staff was able to explain my procedure to me thoroughly

1 2 3 4 5

19) Ability to answer questions

1 2 3 4 5

20) I was put at ease and made comfortable by the staff

1 2 3 4 5

Physicians: Your Physician: _____

21) My appointment was on time (circle one)

Yes No

22) Amount of time Physician spent with you (circle one: New Patient Follow-Up)

1 2 3 4 5

23) Explanation of care and treatment plan

1 2 3 4 5

Overall Impression

24) Your overall impression of your visit to our office

1 2 3 4 5

25) Would you recommend our office to family and friends?

1 2 3 4 5

Your comments are greatly appreciated and help us determine how we can best provide quality service for our patients. Please use the space below for additional comments.

Name (optional) _____

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<http://www.neurologydallas.com/>